



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1940-MC-FFS-D

**DATE:** August 16, 2018

**TO:** Iowa Medicaid Dentists, Federally Qualified Health Centers (FQHC), and Indian Health Services (IHS)

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS), Dental

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Dental Wellness Plan (DWP) Healthy Behaviors and Premium Payments FAQ

**EFFECTIVE:** Immediately

The DWP program was redesigned July 1, 2017, to include a Healthy Behaviors requirement for members. As the DWP program is now in year two of this requirement, this Informational Letter serves as a reminder of the parameters of the Healthy Behaviors.

### **What are the Healthy Behavior requirements for DWP?**

DWP members must complete Healthy Behaviors during each enrollment year in order to keep their full dental benefits and avoid a monthly premium. Healthy Behaviors include completion of **both** an oral health self-risk assessment **and** a preventive dental visit.

### **When do DWP members need to have Healthy Behaviors completed by in order to avoid a monthly premium?**

Each member must complete their Healthy Behaviors annually. The enrollment year is specific to each member and begins based on the month the member was initially eligible. Providers may contact the IME Provider Services Unit or access the IME provider portal for information regarding member annual benefit periods; this information will soon be made available to the dental plans.

### **Why Healthy Behaviors?**

The Healthy Behavior requirements are part of the State's DWP program design. The requirement of obtaining a preventive dental visit and completing an oral health self-risk assessment is in place to educate and engage members to take an active role in their healthcare.

### **What preventive services qualify toward the Healthy Behaviors requirement?**

A list of preventive dental codes and procedures that qualify toward a member's Healthy Behavior requirement can be found on the [Dental Wellness Plan Provider Resources webpage](https://dhs.iowa.gov/dental-wellness-plan/resources/provider-resources)<sup>1</sup>.

### **How do DWP members complete their oral health self-risk assessment?**

Delta Dental of Iowa (DDIA) and Managed Care of North America (MCNA) have similar oral health self-risk assessments and provide different formats for members to complete the questionnaire. Members enrolled with DDIA may complete their assessments electronically or over the telephone. MCNA members may complete their assessment electronically, on a paper form or over the telephone..

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<sup>1</sup> <https://dhs.iowa.gov/dental-wellness-plan/resources/provider-resources>

**What is the advantage of a member completing Healthy Behaviors?**

DWP members who complete both Healthy Behaviors during their enrollment year maintain full comprehensive dental benefits. Depending on income, if a member does not complete both Healthy Behaviors they can pay a monthly \$3 premium to keep their full benefit package.

**What happens if Healthy Behaviors are not completed?**

If a DWP member does not complete their Healthy Behaviors but pays their monthly premium, the member will continue to have full dental benefits. If a member does not complete their Healthy Behaviors and does not pay their monthly premium, they will be reduced to the basic benefit level. Members will not continue to receive monthly premium statements once they start to receive basic dental benefits.

**What is the difference between full and basic dental benefits?**

Basic dental benefits include preventive and diagnostic services but are more limited regarding restorative services. A list of dental codes and procedures that are provided in the full and basic dental benefit package can be found on the [Dental Wellness Plan Provider Resources webpage](#)<sup>2</sup>.

**How do I know if a DWP member has completed their Healthy Behaviors or what benefit level they are at?**

Providers are encouraged to contact the appropriate dental plan administrator with any questions related to a member's Healthy Behavior status or to determine a member's benefit level. This information can also be found by accessing the dental plan administrator provider portal.

**What happens if a DWP member does not pay their premium or claim a hardship?**

If a member accumulates 90 days of non-payment and does not claim a financial hardship monthly on their premium statement, their benefits are reduced to the basic dental benefit package. Members will not be allowed to "catch up" premium payments to go back to full benefits in their current enrollment period.

**How does a member on basic benefits earn back full benefits?**

The only way a member can move back to full benefits is to complete their Healthy Behaviors in their current enrollment period for reinstatement back to the full benefit in the **following** annual enrollment period.

**Can DWP members ever lose their dental benefits?**

DWP members will never totally lose dental benefits, but they will see a reduction of allowable services if they are not compliant with the Healthy Behavior and/or premium payment requirements.

**Is any population excluded from completing Healthy Behaviors?**

While completion of Healthy Behaviors is encouraged across all members enrolled in DWP, Iowa's 1115 Waiver states the following DWP enrollees **will not** be charged premiums and; therefore, will not have their benefits limited to basic services:

- Pregnant women.
- Individuals whose medical assistance for services furnished in an institution are reduced by amounts reflecting available income other than required for personal needs.
- 1915(c) Home and Community Based waiver enrollees.
- Individuals receiving hospice care.
- American Indian/Alaska Natives (AI/AN) who are eligible to receive or have received an item or service furnished by an Indian Health Services provider or through referral under contract health services.
- Breast and cervical cancer treatment program enrollees.

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<sup>2</sup> <https://dhs.iowa.gov/dental-wellness-plan/resources/provider-resources>

- Medically frail enrollees (also referred to as medically exempt).

Additionally, members aged 19 and 20 years old will continue to have Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits regardless of completion of Healthy Behaviors or premium payment.

**Who do I contact if I have additional questions?**

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).